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ABSTRACT

It is becoming increasingly clear that the effects of work and life stress are costly both to the individual and to the organization. Everyone experiences work and life stress, yet many people are more stress resistant (hardy) than others. Several factors appear to be quite predictive of the stress resistant employee. These include the perception of stress; the practice of good daily health habits; the expressing of less Type A behavior; satisfaction with social support networks; and an involved, committed, and empowered outlook. Hardy Type A persons can be distinguished from less hardy Type A's by their internal, rather than external, commitment to aspects of work and life. Previous research suggests that for working women, even if it is possible to "have it all," something may have to go and that may be the women's health. In a study of 350 employees, professional working women reported significantly lower overall health habits than their working male counterparts. Professional working women reported significantly more work and life stress and a less optimistic outlook on life than did men. Health promotion programs with targeted and specific outcomes may produce better success than those trying to be everything for everybody. Companies committed to employee health promotion may wish to succinctly define what organizational and individual outcomes they are targeting and structure their programs and interventions accordingly. (ABL)

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THE STRESS RESISTANT EMPLOYEE: AN UPDATE

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THE STRESS RESISTANT EMPLOYEE: AN UPDATE

Abstract

This article summarizes some recent findings about what the stress resistant (hardy) employee does to minimize the effects of stress and physical health and psychological well-being. Implications for the professional working women and targeted health promotion program outcomes are discussed.

THE STRESS RESISTANT EMPLOYEE: AN UPDATE

It is becoming increasingly clear that the effects of work and life stress are costly both to the individual and organization. This article summarizes some recent findings about the stress resistant (hardy) employee that have strong implications for professional working women and organizations that have health promotion programs.

All of us experience work and life stress, yet, many of us are more stress resistant (hardy) than others. Several factors appear to be quite predictive of the stress resistant employee in my previous organizational research studies.¹ Some of these individual factors include:

(1) Level of Perceived Stress

The more work and life stress employees perceive, the greater likelihood that they will also experience diminished productivity, increased absenteeism, job burnout, and physical illness. However, the statistical relationship between perceived stress and employee health has been traditionally very low (average correlations between .10-.30). Therefore, other individual factors appear to play a very important role in who is likely to be healthy.

(2) Health Habits

Employees who practice daily health habits appear to be both physically and psychologically healthier than those more negligent in their habits. These employees may be described as exercising at least three times a week for approximately thirty minutes, getting adequate rest and sleep, taking time to physically relax, maintain heart healthy eating habits (i.e., watching

saturated fats, cholesterol, salt, sugar, caloric intake), and practicing preventative health behaviors (e.g., monthly breast self-examinations, regular physical checkups). In general, the "fit" employee tends to cope more effectively with daily work and life stress.

(3) Type A Behavior

Although there has been a great deal of controversy about Type A behavior and heart disease over the last few years, my own research has consistently found that employees who express the common Type A behaviors are more likely to experience psychological distress, physical illness, and job burnout than those expressing less Type A Behavior. Additionally, the Type A men and women in my studies tend to report more negligence in their daily health habits, most likely contributing to the adverse psychological and physical outcomes reported.

(4) Social Support Network

Employees who are satisfied with both the quantity and quality of their social support networks tend to be able to buffer the impact of stress on their health. Social support systems appear to be critically important for both physical and psychological well-being. A great deal of evidence exists to confirm the relationship between social support and health. It would appear that when the going gets tough, the tough tend to utilize their social support networks.

(5) Cognitive Outlook

Employees who feel involved, committed, and empowered tend to approach stress with less aversive reactions than those who feel stuck and helpless. Employees who are stimulated by

their work and view change as a natural part of their jobs are better able to let stress "roll off their backs" allowing them to perform more effectively. These employees appear to have a strong sense of internal locus of control over their work environment (decision latitude and participation). In general, a great deal of research has shown that cognitively hardy employees are healthier than those who are pessimistic, negative, and cynical.

Many of these factors are under the control of the individual and can be targeted and supported by organizational employee health promotion programs. One important question is which of these individual factors are most predictive of specific health outcomes and what combinations of the above appear to be most characteristic of the stress resistant or hardy employee.

For example, can an extremely competitive and hard-driving Type A employee who practices daily health habits and has a positive outlook on life be productive and healthy in the face of work/life stress? Do each of these individual factors contribute in a unique way to specific physical and psychological health outcomes? Does gender moderate the impact of work and life stress on health?

Although the answers to these questions are not entirely clear, there are some interesting trends to report at this time. Three specific findings will be reported: 1) Individuals who express hard-driving and competitive Type A behaviors and possess a "hardy" outlook on life appear to experience less job burnout and psychological distress than those with a more pessimistic and helpless outlook on life; 2) Professional working women are significantly more negligent in their practice of daily health habits than their male counterparts; and 3) Targeted health promotion program outcomes may require very unique approaches and interventions. Each of these will be discussed separately.

Hardy Type A's?

Although controversial, it appears that employees that exhibit Type A behavior in response to perceived challenges, threats, and stressors may be at risk for both short and long-term health outcomes (e.g., coronary heart disease). It has been estimated that between 45-75% of all adults exhibit Type A behavior depending upon how it is measured. In fact, our society generally reinforces individuals who tend to work rapidly, aggressively, and produce a great deal of results quickly.

Although most of us exhibit some Type A behavior under appropriate situations, extreme Type A's tend to behave in characteristic ways when they experience stress. In response to both work and life stress they generally:

- 0 Work, talk, drive, walk, & do things rapidly
- 0 Become competitive and hard-driving
- 0 Become impatient with the pace of others
- 0 Attempt to complete many things at one time
- 0 Expresses their frustration and anger outwardly
- 0 Find it difficult to physically relax
- 0 Push themselves to their limit
- 0 Suppress feelings of being tired or fatigued
- 0 Experience a sense of time urgency

Although the achievement striving side of Type A behavior may contribute to some employees vocational accomplishments and career growth, there is no strong evidence that this coping style is a necessary condition for career advancement, occupational, or life success. In fact,

some recent evidence suggests that individuals who exhibit a great deal of Type A behavior may not produce any more quantity than those who are less Type A, or if they do, the quality of what they produce may not be quite as good in terms of quality. However, Type A employees who work rapidly and aggressively have been traditionally rewarded and reinforced by most organizations. Our Western society has placed tremendous value on the expressed behaviors so prevalent in Type A individuals (e.g., being competitive, hard-driving, etc.).

My own research has confirmed that employees who express Type A behavior may be a risk for short-term health consequences. In three concurrent studies with professional working adults in several organizations (mean age 36, over 50% with at least a college degree, approximately 50% female), I have consistently found that individuals who express Type A behavior tend to report significantly more job burnout, physical illness, and psychological distress than others expressing less Type A behavior.¹ It would appear that the hard-driving and competitive Type A "pay a price" for their achievement orientation.

However, all of us have observed or worked for that Type A manager (who, if they didn't experience stress they surely gave it to others) that rarely, if ever, was absent or ill. These "hardy" Type A's did not appear to "drop dead" at an early age, tended to be hard-working producers in the organization, and rapidly advanced in their careers. Could there be a stereotypical hard driver who thrives on stress and is protected from its adverse effects? In fact, my own research confirms the existence of this "hardy Type A" manager who can work tremendous hours (and demand it of others), be highly productive, and remain physically and psychologically healthy.

The "hardy" Type A employee tends to possess an optimistic outlook on life that appears to partially insulate them from the potentially deleterious effects of work and life stress. In my

studies, these "hardy" Type A's experienced significantly less job burnout and psychological distress than their less "hardy" Type A counterparts.

In general, these "hardy" Type A's appear to be internally, rather than, externally committed to aspects of their work and life. They tend to accept change as part of their jobs and view it as a challenge rather than a threat. Overall, these "hardy" Type A's felt in control of their lives and had a strong sense of self-confidence.

For those who express a great deal of Type A behavior in response to work and life stress, it may be worthwhile considering the following suggestions to assist you in becoming a "hardy" Type A:

- 0 Identify those things at work that are most satisfying and attempt to enrich your job along these lines
- 0 Prioritize your values and identify things outside of work that provide you with a sense of commitment, meaning, and purpose
- 0 Learn to plan, delegate, and manage your time as effectively as possible
- 0 Monitor your "self-talk" and curb your use of the words "always," "never," "must," and other perfectionist tendencies
- 0 Make time to exercise, physically relax when tense, pay attention to nutrition, and make time to get adequate rest/sleep

Professional Working Women: Can You Have it All?

Although women have entered and moved into the workforce in far greater numbers in recent years, there is, arguably, no overwhelming evidence that they are moving up as rapidly as their male counterparts or able to shed some of the traditional role responsibilities that may interfere with potential career success, even in "non-traditional" dual career families.

As Rosabeth Moss Kanter pointed out in her book, Men & Women of the Corporation (page 238), "Even successful women who reported little or no discrimination said that they felt they had to work "twice as hard" and expend more energy than the average man to succeed."² It would appear that the price of success might take its toll in some manner. Some of my own research suggests that even if it is possible to "have it all", something might have to go and that something may be your health!

The professional working women in my research account for approximately half of my sample and are working in largely professional positions in several large companies in the Los Angeles area. One recent study recent focused on the relationship between gender, daily health habits, and stress outcomes. Five specific aspects of daily health habits were measured including: 1) Overall health habits; 2) Level of exercise; 3) Rest, sleep, & relaxation; 4) Preventative health behaviors; and 5) Eating and nutrition.

In a study with 350 employees, professional working women reported significantly lower overall health habits than their working male counterparts. Compared to their male counterparts, professional working women reported significantly more work and life stress and a less optimistic outlook on life (i.e., sense of being in control, commitment to work and life). With respect to specific health habits, professional working women reported significantly:

- 0 Less physical exercise on a regular basis
- 0 More emotional fatigue and less time for physical relaxation
- 0 More negligent preventative health practices (e.g., avoiding others with infections, going for regular physical health check-ups, etc.)

Insert Figure 1 about here

With respect to self-reported substance use and abuse, no significant differences were found between professional men and women with regards to either cigarette smoking (approximately 82% were non-smokers) or drug use (approximately 90% reported never using non-prescription drugs for recreational purposes). However, significant differences were found in the frequency of consuming more than two alcoholic beverages in a 24-hour period.

Insert Figure 2 about here

One implication of these findings are that the professional working women are taking worse care of themselves than their male colleagues, whatever the reasons. It is clear that they tend to be more tired, fatigued, and find it harder to relax than their male counterparts. It might be argued that these women are more negligent in their health habits because of the difficulty of balancing work and non-work responsibilities. Since I was unable to measure marital status or the number of children that my sample might have had, it was not possible

to compare the health habits of professional working women who were single or married, with or without children. Future research is being planned to explore these relationships in more detail.

It does seem clear that professional working women may not "have it all" (or for that matter, "anything") if they are not physically healthy. Since health habits contribute to both physical and psychological well-being, it would appear that professional working women may need to increase and/or modify some specific behaviors if they wish to be both healthy and vocationally successful.

Targeted or Generic Employee Health Promotion Programs?

Should employee health promotion programs be generic or targeted to specific health and productivity outcomes in organizations? Many organizational health promotion programs include a wide variety of interventions including: smoking cessation, aerobics, weight management, employee assistance counseling, stress management, high blood pressure screening, safety training, exercise, nutritional advising, risk factor assessment, physical check-ups, blood chemistry testing, and CPR training. The overall goal of these organizational health promotion programs are to provide a diverse set of interventions targeted to specific employee health and fitness needs.

Generic health promotion programs attempt to maximize opportunities for employees to improve their level of wellness with resulting positive individual and organizational outcomes. However, a generic approach may not be as effective if the overall goal of the employee health promotion program is not defined carefully. In other words, employee health promotion

programs with targeted and specific outcomes may produce better success than those trying to be "everything for everybody."

Over the last few years I have attempted to study a number of self-reported individual health outcomes in my organizational stress studies including physical illness, job burnout, psychological distress (anxiety, depression, somatic complaints, & interpersonal sensitivity), and psychological well-being. In each of these studies, different individual factors appear to be most predictive of specific health outcomes.³

These results support the risk factor approaches taken to specific long-term illnesses and diseases such as coronary heart disease (CHD). For example, if we wish to reduce CHD it appears wise to emphasize the lowering of serum cholesterol, reduce elevated blood pressure, prevent or regulate diabetes, eliminate smoking, and perhaps exercise more regularly and watch our weight.

Although tentative, my own research suggests that specific individual factors appear to be more strongly related to different health outcomes. In several studies, statistical analyses revealed that the following factors are better predictors of the specific health outcomes below:

Insert Table 1 about here

For example, if organizations attempt to provide a "cafeteria approach" to health promotion, it appears that programs and interventions aimed at promoting overall health habits may be most effective in the long-run (e.g., exercise, eating/nutrition, physical relaxation). These findings

also suggest that stress management training might be most effective to minimize physical illness and absenteeism in organizations. On the other hand, employee assistance and counseling programs emphasizing "self-talk" and other cognitive modification approaches might be emphasized if the goals of the health promotion program are aimed at increasing psychological well-being and minimizing job burnout and psychological distress.

Although additional research is needed, these findings support the argument for more targeted health promotion programs. If your organizational health promotion program goals are not explicitly stated and understood, it might be a good idea to clarify them at this time. Additionally, attempts to evaluate your own program periodically may directly assist you in your attempts to maximize these goals and continue to show "bottom-line" results to the organization.

Implications for Employees and Organizations

Trying to answer the question of who the stress resistant (hardy) employees are in organizations has led to the investigation of a number of relevant individual factors that appear to moderate the impact of stress on health status (e.g., social support network, Type A behavior, health habits, etc.). It seems that some of these factors may actually work in an additive and/or interactive fashion to prevent illness in the face of work and life stress (e.g., "hardy" Type A's).

It would also appear that professional working women may be more negligent in their practice of daily health habits. One explanation for these findings is that professional working women have to work harder and have more non-work responsibilities than their male counterparts to achieve the same level of career success. As a result, professional working women may not make or have the time to routinely exercise, get enough sleep, or physically relax.

Finally, not all individual factors appear to effect the same health outcomes in exactly the same way. Companies committed to employee health promotion may wish to succinctly define what organizational and individual outcomes they are targeting and structure their programs and interventions accordingly. Programs that are well-defined and targeted tend to be easier to evaluate and more successful in the long-run.

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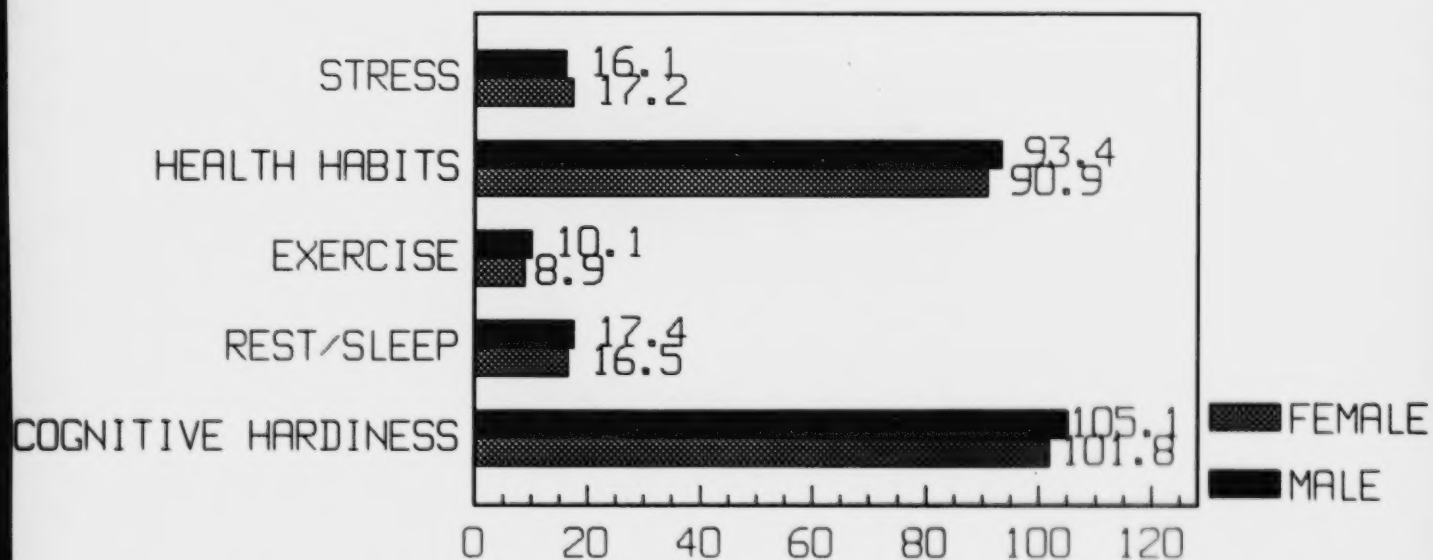
TABLE 1

INDIVIDUAL FACTORS MOST PREDICTIVE OF SPECIFIC HEALTH OUTCOMES

PSYCHOLOGICAL DISTRESS	PHYSICAL ILLNESS
-Cognitive Hardiness	-Health Habits
-Health Habits	-Perceived Stress
-Perceived Stress	-Avoidance Coping Style
-Intrusive Negative Thoughts Coping Style	
PSYCHOLOGICAL WELL-BEING	JOB BURNOUT
-Cognitive Hardiness	-Cognitive Hardiness
-Health Habits	-Health Habits
-Social Support Network	-Perceived Stress

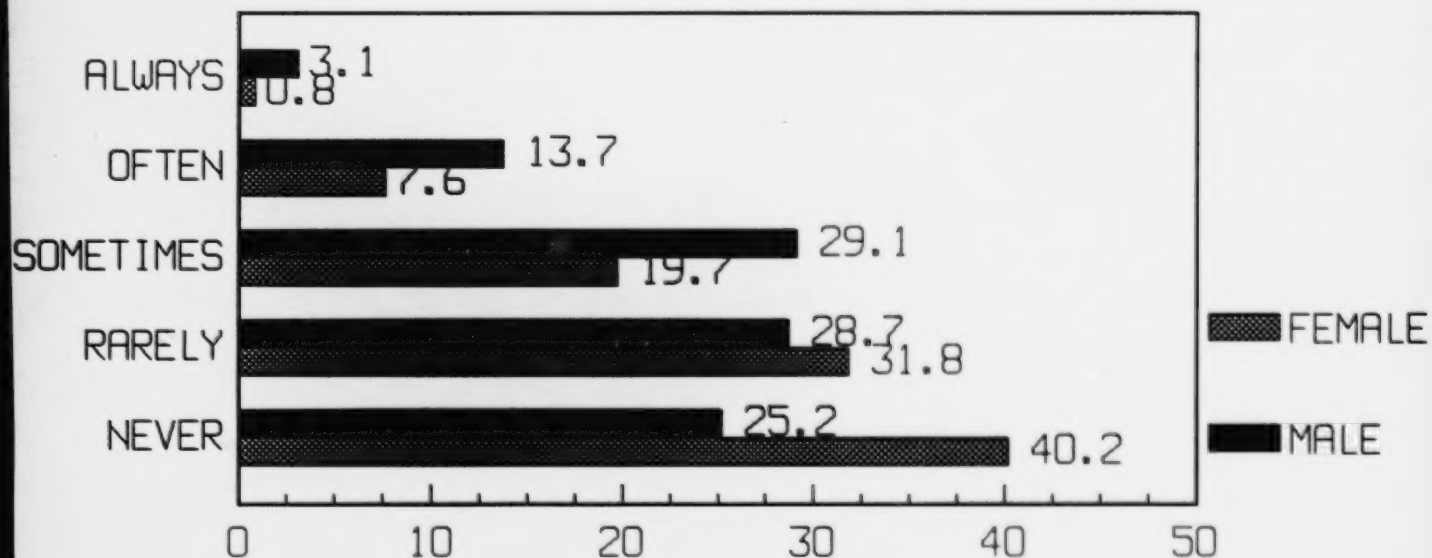
Note: Stepwise multiple regression analyses with specific health outcomes as the dependent variables

FIGURE 1
SIGNIFICANT GENDER DIFFERENCES ($P < .05$)
STRESS ASSESSMENT PROFILE
(N=263)



HIGH SCORES EQUAL HIGH LEVELS

FIGURE 2
DIFFERENCES IN ALCHOL USE BY GENDER
(CONSUMED MORE THAN 2 ALCHOLIC BEVERAGES
IN A 24-HOUR PERIOD)
(N=263)



$P < .01$